

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023391

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

828

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
R.L. Corder, Medical Certification

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED JUL 15 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Joseph

Length of stay in 1b

2 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Methodist Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

Doniphan

c. CITY OR TOWN

Highland

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)
none

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Charles

Middle

Clayton

Last

Webb

4. DATE OF DEATH

Month

June

Day

28

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

March 22, 1879

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Banker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Nortonville, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Ralph Devitt Webb

13b. MOTHER'S MAIDEN NAME

Lena Ellerman

14. NAME OF HUSBAND OR WIFE

Lillie Ann Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Dan Webb

Address

Highland, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

20 yrs

DUE TO (b)

Cerebral accident

1 day

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture of hip

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fall at home

20c. TIME OF INJURY
Hour a.m. p.m.
8:00 a.m. May 5, 63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Highland

COUNTY

Doniphan

STATE

Kansas

21. I attended the deceased from July 1950 to 28 June 63 and last saw her alive on 28 June 63
Death occurred at 1 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

R.L. Corder M.D.

22b. ADDRESS

Highland Kansas

22c. DATE SIGNED

7-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

June 29, 1963

23c. NAME OF CEMETERY OR CREMATORY

Highland Cemetery

23d. LOCATION (City, town, or county)

Highland, Kansas

(State)

24. FUNERAL DIRECTOR

Clark Funeral Home St. Joseph, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

July 10, 1963

26. REGISTRAR'S SIGNATURE

Mr. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DEC 8 1965

JUL 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William C. Bazar

Licensed Embalmer No.

4795

P. O. Address

St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 6-29-63